

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF 86
1. CONTRACT/PURCH ORDER/AGREEMENT NO. N0017819D8085		2. DELIVERY ORDER/CALL NO. N6449822F3086		3. DATE OF ORDER/CALL (YYYYMMDD) 2022JUN30	
4. REQUISITION/PURCH REQUEST NO. 1301018049		5. PRIORITY DO-A3			
6. ISSUED BY NAVAL SURFACE WARFARE CENTER PHILA NSWCPD Philadelphia, PA 19112-1403		7. ADMINISTERED BY (if other than 6) SCD: C		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CODE OPT02 NAME AND ADDRESS Noblis MSD, LLC One Crescent Dr Ste 400 Philadelphia, PA 19112-1015		FACILITY 607156809		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE	
				11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
				12. DISCOUNT TERMS Net 30 Days WAWF	
				13. MAIL INVOICES TO THE ADDRESS IN BLOCK SEE SECTION G	
14. SHIP TO CODE SEE SECTION F		15. PAYMENT WILL BE MADE BY CODE N64500 NAVSEA (NSWC Philly) NSWCPD Philadelphia, PA 19112-1403		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16. TYPE OF ORDER DELIVERY/CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.			
Noblis MSD, LLC NAME OF CONTRACTOR		(b)(6) SIGNATURE		(b)(6) TYPED NAME AND TITLE	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:				DATE SIGNED (YYYYMMDD)	
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE					
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES		20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE
	SEE SCHEDULE				
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.			24. UNITED STATES OF AMERICA /s/ (b)(6) BY:		25. TOTAL (b)(4)
			06/30/2022 CONTRACTING/ORDERING OFFICER		26. DIFFERENCES
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:					
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.
f. TELEPHONE NUMBER			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS
g. E-MAIL ADDRESS					32. PAID BY
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					33. AMOUNT VERIFIED CORRECT FOR
a. DATE (YYYYMMDD)	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				34. CHECK NUMBER
					35. BILL OF LADING NO.
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.